



# PETERSBURG BUREAU OF POLICE

## CITIZEN/VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City and State Zip Code

Telephone: \_\_\_\_\_  
Home Business Cellular

Email Address: \_\_\_\_\_

PLEASE INCLUDE A COPY OF THE FOLLOWING

Drivers License and or Picture I.D.

***THIS QUESTIONNAIRE IS TO BE FILLED OUT COMPLETELY***

## PERSONAL HISTORY

Legal Name at Birth: \_\_\_\_\_

All other names you have used, including nicknames: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

City or County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen?     Yes     No        If Naturalized, date of Naturalization: \_\_\_\_\_

Naturalization Number: \_\_\_\_\_

## CRIMINAL HISTORY

1. Have you ever been arrested or charged with a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted in any court of law of any criminal charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been detained for questioning by any law enforcement agency in connection with any criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

4. Have you ever tried or used any illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, last used \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

5. Are you currently on any medication prescribed by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_  
(PLEASE USE ADDITIONAL PAPER TO COMPLETE ANY OF THE ANSWERS ABOVE)

## EDUCATION

Start/End	Name	Address	Degree/Diploma

## PERSONAL REFERENCES

List three (3) professional references. Do not include relatives.

<b>Name:</b>	<b>Occupation:</b>	
<b>Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone #:</b>		

<b>Name:</b>	<b>Occupation:</b>	
<b>Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone #:</b>		

<b>Name:</b>	<b>Occupation:</b>	
<b>Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone #:</b>		

## FAMILY AND HOUSEHOLD

	NAME	RACE	ADDRESS (INCLUDING ZIP CODE)	DATE OF BIRTH	DATE OF DEATH
<b>Father</b>					
<b>Mother</b>					
<b>Spouse/ Fiancé</b>					
<b>Brothers /Sisters</b>					
<b>Children/ Dependant</b>					

## EMPLOYMENT HISTORY

Start with your present employment and work back. Please include employment for the past 3 years:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving		Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving		Did you give adequate notice?
Supervisor		

## **AFFIDAVIT**

I hereby certify that all statements contained in this questionnaire are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein.

I authorize the Petersburg Bureau of Police and its agents to run my criminal history for the purpose of attending this Citizen Group.

I also understand that my omission or misstatement of material facts may be grounds for rejection of my application or for dismissal from attending this Group.

## **WAIVER OF LIABILITY**

I do hereby assume all the risks in attending the Petersburg Police Citizen Group functions. I will not hold the Petersburg Police, City of Petersburg or any of its agents responsible for any injuries/damages. I know my limitations and I will not participate in any activity that would jeopardize my health.

## **RELEASE OF INFORMATION**

I respectfully request and authorize you to furnish the Petersburg Bureau of Police, ANY and ALL information that you have concerning my employment record, educational record; to include grades, attendance records, and disciplinary action if applicable, and any information concerning my reputation and character.

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Applicant's Signature **(Or Parent/Guardian if applicable)**

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Date